

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-022814

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1704

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Overland</b>		c. CITY OR TOWN <b>Overland</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Overland Restorium</b>		d. STREET ADDRESS (If outside, give location) <b>10460 Thorpe</b> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>WAGNER</b> Last <b>WAGNER</b>		4. DATE OF DEATH Month <b>May</b> Day <b>26</b> Year <b>1963</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/10/1874</b> 9. AGE (last birthday) <b>89</b>
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>	
11a. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. a.</b>	
13a. FATHER'S NAME <b>Patrick Hart</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Meyer</b>	
14. NAME OF HUSBAND OR WIFE <b>late, Emil Wagner</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>[redacted]</b>		17. INFORMANT <b>Charles Wagner</b> Address <b>44 Topping Lane</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>[redacted]</b> DUE TO (c) <b>[redacted]</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[redacted]</b> Month, Day, Year <b>[redacted]</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>[redacted]</b>	
20f. CITY, TOWN, OR LOCATION <b>[redacted]</b>		COUNTY <b>[redacted]</b> STATE <b>[redacted]</b>	
21. I attended the deceased from <b>Dec 1962</b> to <b>5-26-63</b> and last saw her alive on <b>5-24-63</b> Death occurred at <b>9:15 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[redacted]</b> (Degree or title)		22b. ADDRESS <b>9440 Midland Rd, MO</b>	
22c. DATE SIGNED <b>5/27/63</b>		22d. LOCATION (City, town, or county) <b>St. Louis County</b> MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5/31/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis County</b>	
24. FUNERAL DIRECTOR <b>Lupton Chapel, Inc 7233 Delmar Blvd</b>		25. DATE RECD. BY LOCAL REG. <b>5-27-63</b>	
26. REGISTRAR'S SIGNATURE <b>[redacted]</b>		27. REGISTRAR'S SIGNATURE <b>[redacted]</b>	

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

County **Wagner**  
Dr. Henry Noller  
9440 Midland Ha 6-3300  
9 - 12 and 1-3 P.M.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864  
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.